

Dimensions of Attachment and Commitment Across the Transition to Parenthood

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Abstract

For new parents, the birth of the first child is a time of joy and stress. In response to this stress attachment styles become activated within individuals to help them cope. Just as individuals vary in their attachment styles, so do their levels of commitment. Both of these variables are important, individualized factors in the maintenance and quality of relationships. No study has looked at how attachment and commitment are associated, especially over the transition to parenthood. To determine if an association exists, 182 expectant couples were given self-report measures to assess attachment and three commitment variables (dedication, confidence and constraint), pre and post birth. I ran correlation matrixes to determine if a relationship existed. Prebirth, avoidance was negatively associated with confidence, dedication and positively with constraint as well as one another's commitment variables while anxiety in mothers was linked with lower confidence. Actor-Partner Interdependence Models were used to determine how attachment was linked to changes in commitment. After the transition, avoidance was negatively associated with changes in confidence, dedication, and positively with constraint while father's avoidance was negatively associated with mother's constraint. Anxiety in fathers was negatively associated with changes in his confidence, dedication and positively with constraint, and his partner's confidence, dedication and positively with constraint after the transition. Additionally, mother's anxiety was negatively associated with father's dedication and positively with constraint after the transition. Hopefully with replication and further study, these results can benefit interventions in the counseling field.

Keywords: attachment, commitment, transition to parenthood

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The transition to parenthood is a time of both excitement and high stress for expecting parents (Belsky & Pensky, 1988). Times of stress are an ideal time to study aspects of individual development that are activated through stress such as attachment styles (Rholes, Simpson, Campbell, & Grich, 2001). Every individual has a unique attachment style, which are the thoughts and expectations one holds of their caregivers- parents in infancy and partners in adulthood. These thoughts and expectations are used to gauge security and permanence within the relationship; another variable found in all relationships that focuses on security and permanence is commitment. Commitment is an important factor in the maintenance of relationships, because without commitment, most relationships would dissolve before reaching important relationship markers, such as cohabitation or marriage (Rusbult, 1983). Becoming parents is a critical event for couples, and is one that may affect the commitment of the new parents (Doss, Rhoades, Stanley, & Markman, 2009). Since attachment style and commitment are significant to the stability and quality of adult relationships, it is important to determine if there is a link between the two, especially during the highly stressful transition to parenthood.

The association between the transition to parenthood and stress has been under investigation since the 1950's. Drawing from work done by Hill in 1949, LeMasters developed the idea that the transition to parenthood was a type of "crisis" for a couple, due to the fact that the normal routine of the individuals was upset by the arrival of the newborn, which tossed them into chaos due to a lack of existing resources to handle the stress (1957). The use of the term "crisis" has become archaic within the research community but the idea of stress due to the transition to parenthood has continued to be studied (Miller & Sollie, 1980). A modern and well established claim is that "the transition to parenthood constitutes a period of stressful and

sometimes maladaptive change for a significant proportion of new parents” (Cowan & Cowan, 1995, pp. 412). Over the past decades, the research community has consistently observed that new parents experience more stress than non parents. Three variables that appear to contribute most to this increase in stress are: disruption of time schedules, conflict over relationship rules, and adjustment of the couple before the childbirth (Worthington & Buston, 1986).

During times of stress, such as the transition to parenthood, attachment styles become activated (Rholes et al., 2001). Attachment theory is based on the concept that in infancy humans begin to form internal working models of relationships (Bowlby, 1980). Human beings come into the world prepared to form relationships and from the time of birth, search their surroundings for scripts to base their model on. These internal working models are formed through interactions with caregivers during times of distress. Securely attached children use their caregivers as bases from which they can explore their world, or a person that can always give support and comfort if the child becomes distressed (Ainsworth & Bell, 1970). When caregivers are distant and do not provide comfort during distressing events, children become avoidant, learning to rely on themselves for comfort. When caregivers are inconsistent in their responses, sometimes being comforting, other times distant, children become hypervigilant within relationships, thus developing an anxious attachment. These expectations of caregivers carry over to partners in adult relationships, giving a person their adult attachment style (Waters, Merrick, Treboux, Crowell, & Albersheim, 2003) and impact various characteristics of their relationships. Anxious individuals, due to their hypervigilance, constantly worry about their partners leaving them and look for ways to feel connected with them as a way to maintain the relationship (Collins & Read, 1990). Avoidant individuals are internally conflicted; they want to be in a relationship but the past has shown them that others cannot be trusted so they keep their

partners at a distance to protect themselves (Hazan & Shaver, 1994). Due to these conflicting goals of anxiety and avoidance, when attachment styles are activated, individuals vary in their responses to stress. Overall, both anxious and avoidant individuals have lower levels of relationship satisfaction and fail to exhibit positive skills during arguments such as compromising and perspective taking (Pistole, 1989). Anxious individuals appear more distressed during conflicts with partners and tend to escalate the severity of the conflict (Campbell, Simpson, Boldry, & Kashy, 2005), whereas avoidant people are more likely to heighten hostility towards their partner and try to distance themselves from their partners during times of conflict (Mikulincer, 1998). These varying reactions to stress have lasting effects on the relationship. Using the distinctive stressful event of the transition to parenthood, I can examine attachment styles over an extended period of time and how they are associated with a key feature of long term relationships, commitment.

Commitment is a key variable in the stability of relationships. Stanley and Markman break commitment into two components that vary on an individual basis: personal dedication and constraint commitment (1992). Personal dedication is the desire of individuals to maintain and sustain their relationship. This is mostly shown through behaviors that benefit the relationship as a whole though they may not be beneficial to the individual. A sub dimension of personal dedication is a person's confidence in the notion that the relationship will continue into the future. On the other end, constraint commitment is the extent to which one decides to remain in a relationship due to feelings of barriers preventing exit. These feelings can be either moral or structural. Moral constraints could be religious such as "I cannot break my wedding vows" or personal beliefs such as "children need both parents" (Adams & Jones, 1997). Structural constraints are outside factors that cause separation to be undesirable such as lack of financial

means. Stanley and Markman theorize that constraint acts as a stabilizer when the couple experiences fluctuations in satisfaction with their relationship, making constraint an essential part of relationship stability (1992).

It can be argued that the two categories within the Stanley/Markman model of commitment are theoretically linked with attachment. Dedication gives individuals a sense of security, which is at the heart of why attachment styles are formed and what they strive to achieve (Stanley, Rhoades, & Whitton, 2010). It could also be argued that constraint does as well; it is inherently a statement of permanence. If these theoretical perspectives hold true, then there should be associations between commitment and attachment. Anxious individuals have conflicting perceptions when it comes to commitment. Due to their hypervigilance, they are constantly questioning the security of their relationships, thus lowering confidence, but they feel that they are needed within the relationship, which drives dedication up (Joel, MacDonald, & Shimontomai, 2011). Avoidant individuals tend to be more permissive when it comes to alternatives to a relationship, such as having affairs, which is mediated through their lower levels of commitment as compared to secure individuals (DeWall et al., 2011). Since they are looking for a new partner, they may have lower levels of dedication and confidence. Constraint appears to be the only variable that increases continually within couples over the years (Rhoades, Stanley, Markman, 2012). This increase happens independently of a person's dedication. What past research has failed to examine is all aspects of commitment simultaneously and longitudinally, nor has attachment been studied in conjunction with them in this setting. Additionally, few seem to take into account specific life events that are normative to a family unit, such as the transition to parenthood.

The presence of stress during an event has extended effects on the future of the negative views of the future of the relationship and perceived that their partner felt less satisfied with the relationship while holding negative views of the future as well (Campbell et al., 2005). Since anxious individuals, when stressed, are pessimistic about the future of the relationship, it can be inferred that their commitment to the relationship is also being impacted. If someone is holding negative views of the relationship's future, personal dedication and confidence would most likely be lowered due to the person's expectation of relationship failure. Similarly, when looking at how attachment is associated with relationship satisfaction across the transition to parenthood, anxiously attached women are prone to feeling declines in relationship satisfaction as well as their husbands (Rholes et al., 2001). It is likely that commitment is impacted too; if an individual has high levels of satisfaction and high levels of commitment, they tend to worry less about the future of the relationship, but only if both of those variables exist together (Oner, 2001). Over the transition to parenthood, anxious individuals lower their relationship satisfaction and thus worry about the future of the relationship, i.e. lower their confidence in the continuation of the relationship. These and other results indicate that attachment has far reaching effects on multiple aspects of intimate relationships. However, few studies have directly examined the association between attachment and commitment. My study attempts to address this deficit by examining the association between commitment and attachment at the transition to parenthood. I hope to find correlations between attachment anxiety and avoidance, and various variables of commitment as couples experience the stress and joy of parenthood.

One of the studies that did examine this specific event was conducted by Doss et al. (2009). The team examined this transition and found that couples become less committed over the transition to parenthood. Specifically, both husbands and wives become less dedicated over

the transition but only husbands became less confident in the future of the relationship. The changes that were observed may have been predicted by the individual's attachment style; it's possible that the differences between wives and husbands were due to their attachment style or that attachment was associated with the different levels of dedication and confidence. To test if this is the case, my study examined the change in commitment over the transition to parenthood and its associations with attachment styles of both partners.

This study addresses several gaps in the intimate relationships literature. Very few studies have looked at how commitment and attachment styles are associated, and none have studied the change in commitment and attachment style over the transition to parenthood. Being that these are both key predictors of relationship dissolution (Feeney & Noller, 1992; Rusbult, 1983), it is important to establish an association between the two. If said relationship exists, these measures can be used to identify couples at risk of dissolution. Dissolution of intimate relationships, especially ones involving children, has been correlated with many negative consequences, such as poor mental health and poor parent-child relationships (Zill, Morrison, & Coiro, 1993). The more predictive measures there are, the more help may become readily available for those in distress.

Hypotheses:

1. During the pregnancy, measures of adult attachment (anxiety and avoidance) will be associated with measures of dedication to and confidence in the relationship as well as constraint felt from the relationship.
 - a. Specifically, both more avoidant and more anxious individuals will have lower levels of dedication, confidence and constraint.

2. Personal and partner's attachment will be correlated with changes in commitment from the prenatal phase to the postpartum phase.
 - a. The greater the personal avoidance and anxiety, the more it will be associated with decreases in personal confidence, dedication and constraint.
 - b. The greater the personal avoidance and anxiety, the more it will be associated with decreases in confidence, dedication and constraint in partners.

Method

Sample. The data came from the New Parents Project. The New Parents Project is a longitudinal study of the transition to parenthood that began September 2008 and ran through August 2010. The sample of 182 couples was drawn from a large, metropolitan Midwestern city during the third trimester of the couple's first pregnancy through flyers, internet advertisements, newspaper and movie ads, doctors' offices, prenatal childbirth education classes and word of mouth. To be eligible, all participants needed to fulfill 6 criteria: (1) married or living with partner full-time; (2) 18 years of age; (3) expecting their first child; (4) able to read and speak English; (5) currently employed full-time and expecting to work at least part-time by the time the infant was 3 months of age; and (6) planning to stay in the study area for at least one year. A majority of the sample were white (83%), above the poverty line (87%), held a bachelor's degree (70%) and married (86%). All of the descriptive statistics of the participants are listed in Table 1. The project was completed in four phases; starting during the third trimester (Phase 1) then at 3 (Phase 2), 6 (Phase 3) and 9 (Phase 4) months postpartum. Data examined will be drawn from Phase 1 and Phase 2 only and will use only father's demographic information during analysis due to slight discrepancy within couples.

Procedure. At Phase 1, participants were either emailed links to online surveys or mailed paper questionnaires to be completed before arranged home visits. Paper questionnaires were either mailed back to base lab or collected at the time of home visits. Questionnaires were also mailed to participants at Phase 2 and again were either mailed back or collected at the home visit. The two measures used within this study are the Experiences in Close Relationships (Fraley, Waller, & Brennan, 2000) and several subscales of the Commitment Inventory (Stanley & Markman, 1992).

Measures

Attachment Style: The Experiences in Close Relationships questionnaire was used to determine adult attachment styles and was administered during Phase 1. It consists of a 36 item scale that is a valid and reliable measure of two attachment subscales. The subscales were rated on a seven point scale (1 = *disagree strongly*, 7 = *agree strongly*). The avoidance subscale measured discomfort with closeness and dependence on others (e.g., “I get uncomfortable when a romantic partner wants to be very close”). The scale consisted of 18 items and had $\alpha = .92$ and $.87$ for mothers and fathers respectively. The anxiety subscale measured fear of rejection and/or abandonment (e.g., “I worry a lot about my relationships”). The scale consisted of 18 items and had $\alpha = .90$ and $.91$ for mothers and fathers respectively. Table 2 lists the descriptive statistics of both mother’s and father’s attachment.

Commitment: Three subscales of the Commitment Inventory were used and were administered at both phases. The Personal Dedication subscale (Stanley & Markman, 1992) was a four item scale in which participants rated their agreement (1 = *strongly disagree*, 7 = *strongly agree*) with statements about dedication to relationship (e.g., “my relationship with my partner is

more important to me than almost anything else in my life”). In Phase 1, Cronbach’s alpha was .35 and .53 for mothers and fathers, respectively. Phase 2 had Cronbach’s alphas of .67 and .73 for mothers and fathers respectively. [Note that low Phase 1 reliability coefficients are due to little variability in dedication at Phase 1, and the small number of items in the dedication scale]. The four item Relationship Confidence Scale (1 = *strongly disagree*, 7 = *strongly agree*) addressed personal confidence in the relationship (e.g., “I believe we can handle whatever conflicts will arise in the future”). At Phase 1, Cronbach’s alpha was .92 and .81 for mothers and fathers. For Phase 2, it was .93 for both partners. The four item Psychological Constraint Scale (Rhoades, Stanley, & Markman, 2010) measured belief that one cannot exit the relationship versus the appraisal of factors that may be constraining (e.g., “I stay with my partner because I have to stay, not because I want to stay”), again using the seven point scale (1 = *strongly disagree*, 7 = *strongly agree*). The scale produced a Cronbach’s alpha of .69 and .82 for mothers and fathers respectively in Phase 1, and .92 and .90 in Phase 2.

Table 2 lists the descriptive statistics of all the commitment variables at each time point.

It is important to note that my sample was not overly anxious or avoidant as shown through the mean scores on the attachment scales. Additionally, commitment scores were relatively high for dedication and confidence, and low for constraint, showing that this sample was a committed group of subjects. It is interesting to note that there were several significant differences between the genders’ scoring and that these differences were only scene during the prenatal phase. There was a significant difference between mothers and father in anxiety and avoidance as well as their dedication and constraint. The differences between mothers’ and fathers’ commitment variables disappear after the birth of the child, showing that the sexes become equal in terms of felt commitment.

Results

Hypothesis 1

To determine if an association existed between attachment style and commitment, I conducted correlational analyses examining mothers' and fathers' scores on the Experiences in Close Relationships questionnaire for both avoidance and anxiety and their scores on the three subscales of the Commitment Inventory completed at Phase 1 using the statistical program Stata. The results are shown in Table 3.

Prebirth correlational results. Significant associations emerged between most variables. Looking at mothers, avoidance was negatively correlated with her dedication and confidence scores (-.47 and -.37, respectively) while being positively correlated with her constraint (.32). Anxiety in mothers also correlated with a commitment variable, being negatively correlated with confidence (-.24). There was a slightly significant association with her dedication (-.18) and no association with her constraint. Father's avoidance showed similar patterns to that of mothers; father's avoidance was negatively correlated with his scores of dedication and confidence (-.51 and -.40, respectively) while having a positive correlation with his constraint (.27). There were no significant associations between father's anxiety and commitment at this time.

Mother's and father's avoidance also correlated with their partner's commitment scores. Specifically, mother's avoidance was positively correlated with father's constraint (.20). A slightly significant negative association also exists between mother's avoidance and father's dedication (.15). Father's avoidance correlated with all commitment scores of his partner, negatively with both her dedication and confidence (-.27 and -.26, respectively) and positively

with constraint (.31). Neither mother's nor father's anxiety were significantly correlated to their partner's commitment.

Hypothesis 2

Based on the associations that emerged by looking at the results of Hypothesis 1, I proceeded to examine the change in commitment across the transition to parenthood. Specifically, I wanted to determine if attachment was associated with the experienced changes in commitment over the transition to parenthood. Because my sample consisted of couples, I used an Actor-Partner Interdependence Model (APIM; Kashy & Kenny, 1999) with individual's attachment loading on to their and their partner's commitment variables at Phases 1 and 2, as well as Phase 1 commitment loading on to Phase 2 commitment. The control variable of father's relationship status was used to constrain the model. This variable loaded onto both mother's and father's commitment variables at both times to produce stable results. Theoretically, use of relationship status as a control is a reasonable option. In past research, the status of marriage or cohabitation has had implications on the commitment levels within a relationship (Kamp Dush, Rhoades, Sandberg-Thoma, & Schoppe-Sullivan, in press), in addition to being correlated with other demographic variables such as age, education, race, and income. See Figure 1 for an example of the setup of my model. Table 4 and 5 summarize the results derived from the APIMs

I ran separate models for anxiety and avoidance as well as three separate models for each of the commitment variables. It was important to separate each of the variables because once combined, these variables have multicollinearity.

Avoidance and Commitment: All the models had good fit: avoidance to dedication = χ^2 (3) = 1.25, $p = .74$, RMSEA = .00, CFI = 1.00, avoidance to confidence = χ^2 (3) = 1.91, $p = .59$,

RMSEA = .00, CFI = 1.00, avoidance to constraint = $\chi^2(4) = 5.56, p = .24$, RMSEA = .05, CFI = .99. All the associations between the paths are listed in Figures 2-4.

When examining the actor effects of the models, avoidance in mothers and fathers was associated with changes in commitment over the transition to parenthood, ~~both avoidant mothers and fathers at Phase 2~~ had very the same pattern of associations ~~between attachment and commitment~~ as they did in Phase 1. Mother's avoidance was associated with decreases in her confidence and dedication, and increases in her constraint. Specifically, a one point increase in mother's avoidance was associated with a .11 decrease in her confidence, a .12 decrease in her dedication and a .10 increase in her constraint. Father's avoidance had similar associations to mother's avoidance, with his avoidance being associated with decreases in confidence and dedication but increases in constraint. Numerically, a one point increase in his avoidance was associated in a .11 decrease in confidence, a .12 decrease in dedication and a .10 increase in constraint.

Fathers exhibited a partner effect over the transition; father's avoidance was only associated with increases in constraint for his partner; a one point increase in his avoidance was associated with a .21 increase in her constraint.

Anxiety and Commitment: Again, all models had good fit: anxiety to dedication = $\chi^2(4) = 4.71, p = .32$, RMSEA = .03, CFI = 1.00, anxiety to confidence = $\chi^2(4) = 4.892, p = .30$, RMSEA = .04, CFI = 1.00, anxiety to constraint = $\chi^2(3) = 3.14, p = .37$, RMSEA = .02, CFI = 1.00. Figures 5-7 show all the associations between the variables.

Fathers exhibited an association between anxious attachment and change in commitment at Phase 2 from Phase 1 to Phase 2; anxiety was associated with decreases in confidence and

~~dedication~~ and increases in constraint. Specifically, a one point increase in anxiety in fathers was associated with a .06 decrease in confidence, ~~a .08 decrease in dedication~~, and a .10 increase in constraint. Mothers, also, had actor effects. Her anxiety was associated with decreases in confidence; a one point increase in anxiety was associated with a .06 decrease in confidence.

Partner effects were found for both mothers and fathers. Father's anxiety was associated with mother's decreases in confidence and dedication and with her increases in constraint. Numerically, a one point increase in father's anxiety was associated with a .12 decrease in mother's confidence, a .08 decrease in her dedication and a .12 increase in her constraint. Mother's anxiety was associated with father's decreases in dedication and his increases in constraint. Specifically, a one point increase in mother's anxiety was associated with a .12 decrease in father's dedication and a .12 increase in his constraint.

Discussion

The findings of my study yielded compelling results. First, there was strong initial evidence to suggest that there is a significant association between attachment and commitment, supporting Hypothesis 1. The results from my preliminary analysis supported this idea; specifically, avoidant attachment in individuals, regardless of gender, was associated with less dedication and confidence but more constraint within their relationship while anxiety in mothers was only significantly associated with less confidence during the prenatal phase. After the transition to parenthood, attachment was connected to changes in commitment as well, supporting the second hypothesis. Three months after birth, individuals who were more avoidant tended to have decreases in dedication and confidence but increases in constraint compared to their pre-birth commitment levels, similar to the pre-birth correlational results. Anxiety was

associated with mother's decreased confidence and in fathers, decreased ~~dedication and~~ confidence as well as increased constraint. Though anxious attachment did not have many associations to commitment before the birth of the child, it does seem to be associated with the changes in commitment experienced across the transition.

These results could have multiple explanations. It is impossible with my study to determine the exact reason for each of the changes in personal commitment, but using past research and theoretical work, I can propose some tentative interpretations. Using attachment theory's description of avoidant children's behavior during the strange situation, it can be determined that during times of stress, avoidant individuals withdraw from their relationships (Ainsworth, Blehar, Waters & Wall, 1978). Psychologically withdrawing from the relationship would explain why avoidance in individuals was negatively associated with initial levels of dedication and confidence and also drops in dedication and confidence across the transition to parenthood. To deal with the stress of the impending birth, avoidant people may rely on themselves for support, thus becoming less committed to their partners. Based on their past experiences of never receiving support from caregivers, they believe that their partners will give no support. These associations were apparent even before the birth of the child for avoidant individuals. A possible reason is that because they dislike overt signs of being close to an individual (Bartz & Lydon, 2006), which becoming parents together is, they lower their commitment before the transition.

The same was not true for anxious individuals because they tend to have high levels of idealization (Feeney & Noller, 1991), leading them to idealize parenthood and minimize any expected stress. However, after the arrival of the child, they are forced to face the actual stressors of parenthood, leading to stress being experienced after the transition within the anxious cohort

and consequently lowering their dedication and confidence but increasing the constraint.

Anxious mothers may feel lower levels of confidence in the relationship before the pregnancy because ~~they feel they are unprepared for motherhood, believing they are lacking the skills to be a good mother~~ anxious women tend to have lower self-confidence during stressful transitions (~~Grusec, Hastings, & Mammone, 1994~~ Lopez & Gormley, 2002), leading them to lose confidence in their abilities to be a good partner within the relationship.

Constraint may increase across the transition to parenthood due to evolutionary reasons within avoidant mothers. Being the person carrying the child during pregnancy, the avoidant mother will experience the stress in a greater degree. After the birth of the child, there is an ingrained need to care for the child so that her genes may continue on (Emlen, 1995). She cannot do this by herself, thus leading her to rely on her partner for support (Trivers, 1972), which for an avoidant individual would be interpreted as being stuck with, or constrained to the partner.

~~MM~~other's own anxiety was not associated with her constraint at either of the time points. This may be due to the fact that anxious women are constantly in a state of fear that their partner is going to leave the relationship, making them always look for ways to maintain the relationship. This desire to maintain the relationship is the opposite of constraint because constraint would imply that the individuals want out of the relationship (Collins & Read, 1990). Fathers do not experience the evolutionary responsibility to the child as much as mothers; however, they have societal pressure, or an external constraint, to stay within the relationship and help raise their child (Barclay & Lupton, 1999; Walzer, 1996). This societal pressure affects both avoidant and anxious men because society does not distinguish between the two. Avoidant fathers feel it more because they are looking for a way to distance themselves but they know that

society does not condone this action, increasing the degree of constraint. ~~Anxious fathers do not have the need to be apart from the relationship.~~

Results discussed thus far have focused on actor effects; partner effects do exist, with fathers having the stronger impact. For avoidant individuals, mother's avoidance was associated with greater father's constraint before the birth of the child. Even as their partner withdraws, fathers have the societal pressure to stay with them due to the presence of the child (Barclay & Lupton, 1999; Walzer, 1996), leading to higher levels of constraint, which are exacerbated by the fact she is withdrawing. Father's avoidance was associated with their partner's initial commitment and the changes in commitment. Mother's constraint was the only commitment variable that was associated with father's avoidance at both time points. These associations between avoidance and commitment variables could be attributed, again, to the father's withdrawal from the relationship, saddling the mothers with more responsibilities causing them to lose faith in their partner. Once faith is lost, she does not wish to stay in a relationship, lowering both dedication and confidence. Avoidant men offer less support than non-avoidant men, giving credence to the woman's perception of lowered partner support, leading to decreases in dedication and confidence (Simpson et al., 1992). Constraint, again, is increased due to the fact that mothers are inherently stuck with the infant. When their partner disengages, mothers do not want to be with them but, since a child is present, they need their partner for support, increasing their constraint within the relationship.

Anxiety has its own distinctive partner effects. Results show that after the birth, mother's anxiety is associated with decreases in father's confidence and increases in his constraint. Additionally, father's anxiety was associated with decreases in mother's confidence and dedication but increases in her constraint. Again, dedication and confidence may both decrease

for similar reasons. Once a child is born, it is in need of constant attention, especially in the newborn stage of development. Since the partner is caring for the child, they are not giving the other partner the amount of attention that the partner is used to. Anxious individuals are preoccupied with their own needs and when those needs are not met, they act out in hostility (Main, Kaplan, & Cassidy, 1985). When a partner is hostile towards an individual, the other starts to lose confidence in the relationship and lower their dedication to the relationship. Since anxious people are sensitive to rejection (Collins & Read, 1990), they will see the efforts with the child as rejections from their partner, leading them to feel less confident and less dedicated to the relationship. This is a partner effect because it is the actions of the partner that are causing the decreases. Anxious individuals are preoccupied with their own needs and when those needs are not met, they act out in hostility (Main, Kaplan, & Cassidy, 1985). This reaction could also lower their partner's dedication and confidence.

My results for anxious individuals concur with those of Campbell et. al (2005). They found that, in times of distress, anxiously attached people held negative perceptions of the stability of their relationship in the long run. These feelings may be more acute when a child is introduced because there is an extended period of distress as the couple adjusts to having a new addition to their dyad. Past research has shown that mothers are especially vulnerable to extended periods of uncertainty with a relationship; when lower levels of support are felt during pregnancy, mothers report feeling further decreases in support from their partners after the birth (Simpson, Rholes, Campbell, Tran, & Wilson, 2003), which my results replicate in the terms of confidence. In our study, mothers started with lower levels of confidence, which continued to decrease after the transition. To deal with stress within the relationship, anxious individuals seek out support (Mikulincer & Florian, 1995); they will look to their partner to provide this support.

When a partner and a child both need attention and care, one can become overwhelmed but feel they cannot leave because these individuals need the person to care for them, thus the partner becomes more constrained.

Though my study drew a large participant sample, the sample had limitations. Diversity was lacking, with the majority of my participants being white and of higher socioeconomic levels. Future studies should try to recruit a more diverse group, racially and economically. My study also only looked at couples who were well into their first pregnancy; we did not collect data before the couple became pregnant. Future researchers may want to recruit couples before they are pregnant to see how pregnancy impacts attachment and commitment. Also, though I did have a small cohort of cohabitating couples, to make comparisons between them and married couples, ideally the sample would be larger. This would be an interesting and important direction to move towards as the number of cohabitating couples continues to increase in America (Bumpass & Lu, 2000).

This study is a good starting point in exploring how commitment and attachment are associated with each other. In addition to the added benefits to the research community, the clinical field could draw implications from this data. Practitioners may be able to identify at risk couples by assessing their attachment and baseline commitment before the transition to parenthood and tailor specific interventions for the areas of the relationship that will be affected the most. Cowan and Cowan (1995) addressed the need for prebirth relationship classes for couples that discuss the changes that pregnancy and children will bring, and made special notes about those who were at high risk. They reviewed past literature and found it to be lacking in terms of longitudinal studies on the effectiveness of interventions during the prenatal period. Only one study compared expecting couples who attended classes and those who did not. There

were stable levels of marital satisfaction, anxiety, and birth related problems over the transition to parenthood for those couples who did attend classes while those who did not showed sharp decreases in marital satisfaction and increases in anxiety and birth related problems. Cowan and Cowan were pleased with these results but urged that more work needed to be done, believing “that as long as it is up to each man and woman to work out a satisfying balance of gender role and work-family issues during the transition to parenthood period, the relationship between them ... will be vulnerable to strain” (pp. 422, 1995). My study adds to this literature on the interactions of transition to parenthood and relationship characteristics. Hopefully with further replications and expansion, these results and others can go on to help increase the benefits of interventions for couples.

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Table 1.
Descriptive Statistics of Sample Characteristics at Phase 1

	Mothers	Fathers
Characteristic	(n = 182)	(n = 179)
Age	28 (3.96)	30 (4.80)
Relationship Status		
Married	0.86	0.86
Cohabiting	0.13	0.14
Race		
White	0.83	0.86
Nonwhite	0.17	0.14
Religiosity	3.10 (0.95)	2.86 (1.06)
Poverty Line		
Above	0.87	0.87
Below	0.14	0.14
Education		
Bachelor's or Above	0.75	0.65
Below a Bachelor's	0.25	0.35

Note. Standard deviations in parentheses.

Table 2.
Attachment and Commitment Variables at Phase 1 and 2

	Mother	Father	<i>t</i>
<i>Phase 1^a</i>			
Attachment	-	-	-
Avoidance	1.88 (0.80)	2.13(0.71)	-3.26***
Anxiety	3.09 (1.06)	2.65 (1.01)	4.18***
Commitment	-	-	-
Dedication	6.70 (0.40)	6.58 (0.60)	2.59***
Confidence	6.72 (0.53)	6.66 (0.58)	1.22
Constraint	1.10 (0.31)	1.20 (0.59)	-2.32***
<i>Phase 2^b</i>			
Commitment	-	-	-
Dedication	6.54 (0.65)	6.52 (0.66)	.29
Confidence	6.57 (0.77)	6.58 (0.71)	-.05
Constraint	1.20 (0.71)	1.20 (0.60)	.13

Note. Standard deviations in parenthesis. ^a n = 176. ^b n = 169. *** $p < .001$ and indicates significant differences between Mothers and Fathers.

Table 3.
Correlations of Attachment Style and Measures of Commitment at Phase 1

	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.
1. Mother Avoidance	-									
2. Mother Anxiety	.33***	-								
3. Father Avoidance	.11	.09	-							
4. Father Anxiety	.08	.07	.40***	-						
5. Mother Dedication	-.47***	-.18*	-.27***	-.03	-					
6. Mother Confidence	-.37***	-.24***	-.26***	-.14+	.68***	-				
7. Mother Constraint	.32***	.11	.31***	-.02	-.57***	-.40***	-			
8. Father Dedication	-.15*	-.10	-.51***	-.03	.38***	.32***	-.39***	-		
9. Father Confidence	-.11	-.05	-.40***	-.08	.24***	.32***	-.27***	.70***	-	
10. Father Constraint	.20**	.11	.27***	.04	-.29***	-.31***	.35***	-.61***	-.56***	-

Note: *** $p < .001$, ** $p < .01$, * $p < .05$, + $p < .10$.

Table 4.

APIM Results for Mother's Attachment and Commitment after the Transition to Parenthood

	Mother's Avoidance	Mother's Anxiety
Changes in Commitment		
Personal Confidence	-.11*	-.06+
Personal Dedication	-.12**	-.04
Personal Constraint	.10*	.06
Father's Confidence	-.03	-.12***
Father's Dedication	-.05	-.04
Father's Constraint	-.06	.12***

Note: *** $p < .001$, ** $p < .01$, * $p < .05$, + $p < .10$.

Table 5.

APIM Results for Father's Attachment and Commitment after the Transition to Parenthood

	Father's Avoidance	Father's Anxiety
Changes in Commitment		
Personal Confidence	-.11*	-.06+
Personal Dedication	-.12**	-.068**
Personal Constraint	.10*	.10*
Mother's Confidence	-.03	-.12***
Mother's Dedication	-.05	-.08**
Mother's Constraint	.21***	.12***

Note: *** $p < .001$, ** $p < .01$, * $p < .05$, + $p < .10$.

Figure 1.

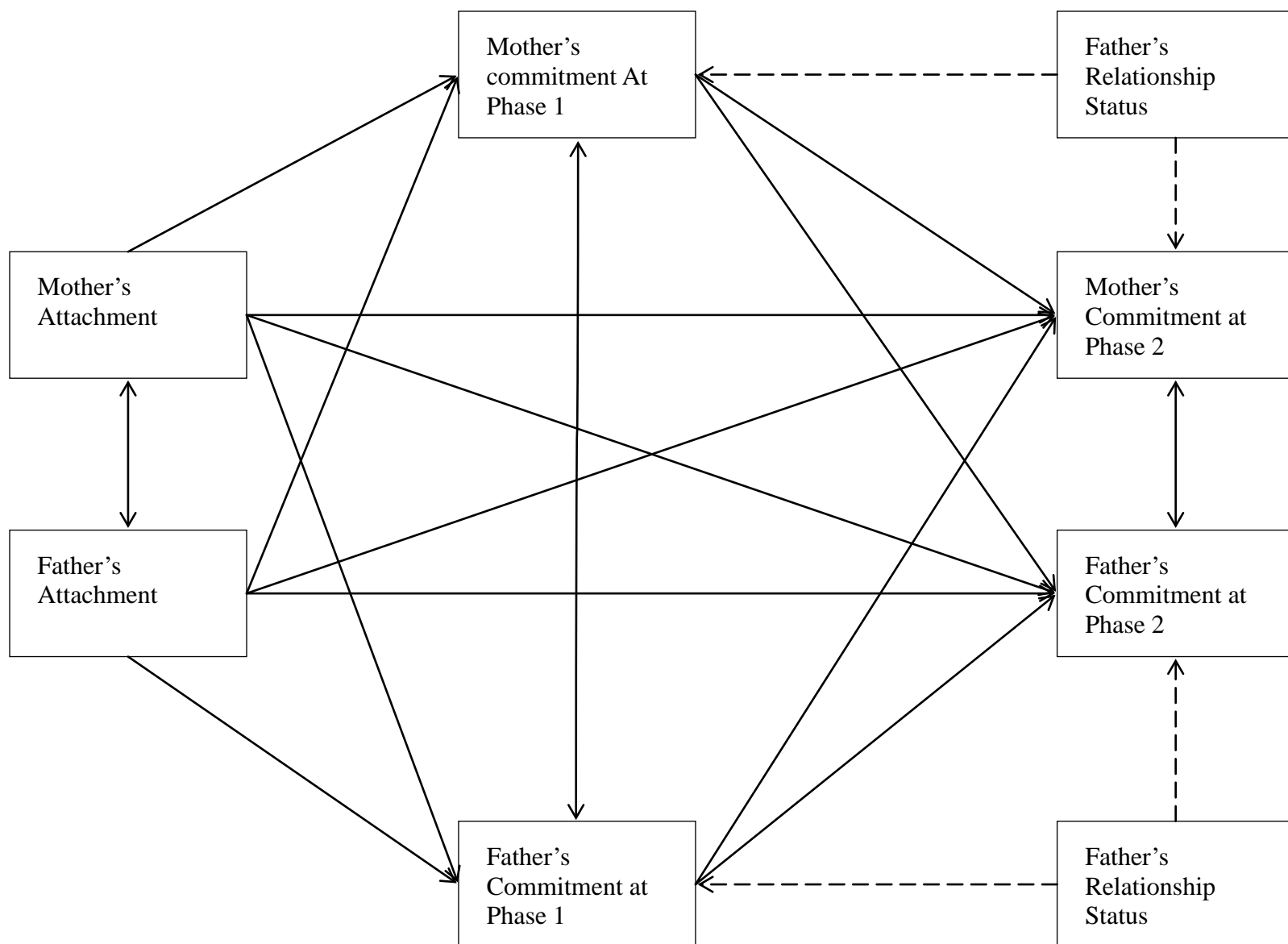
Conceptual Model of the Study's APIM

Figure 2.

Avoidance and Confidence at Phase 1 and 2 APIM (N = 182)

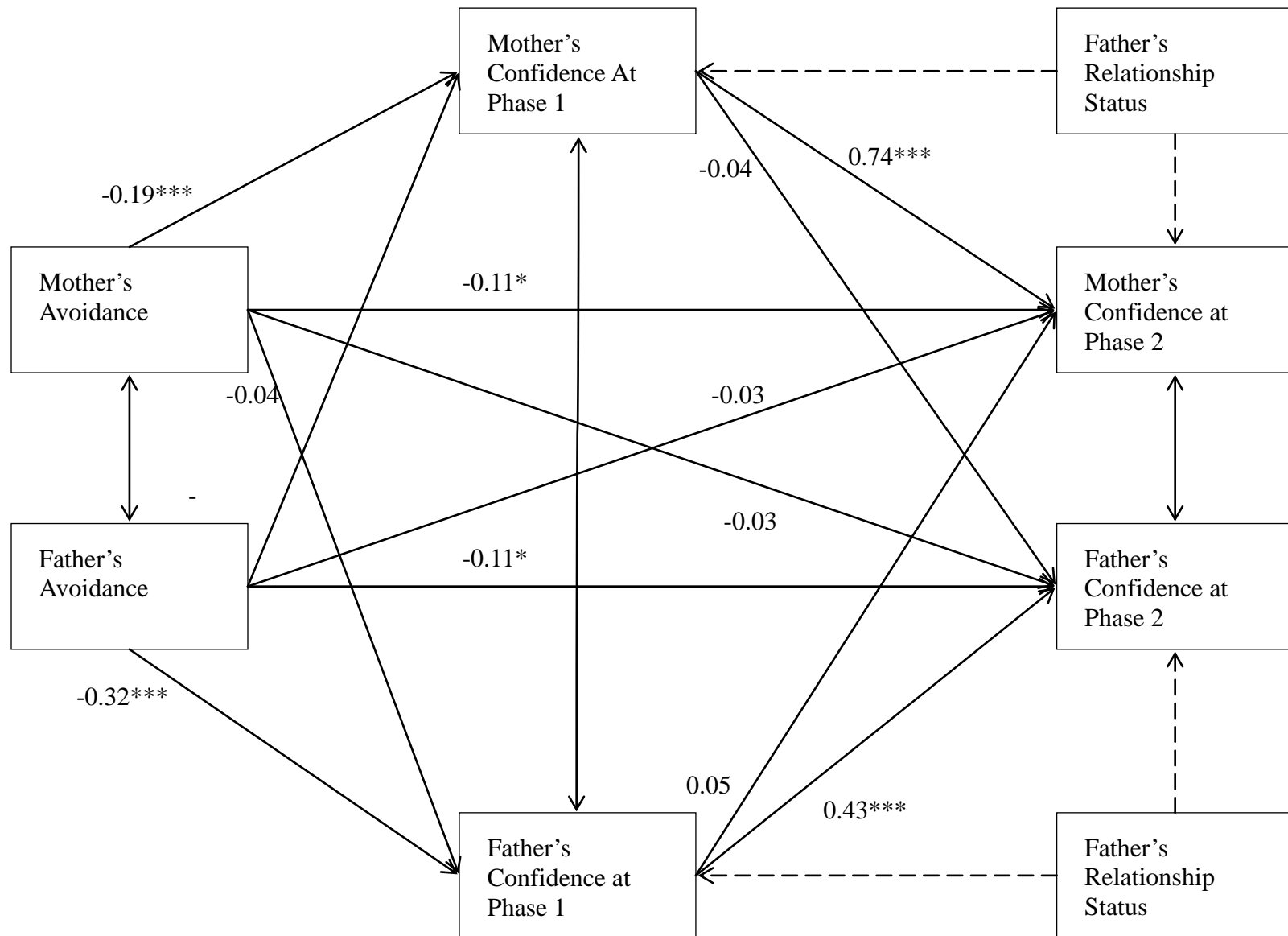
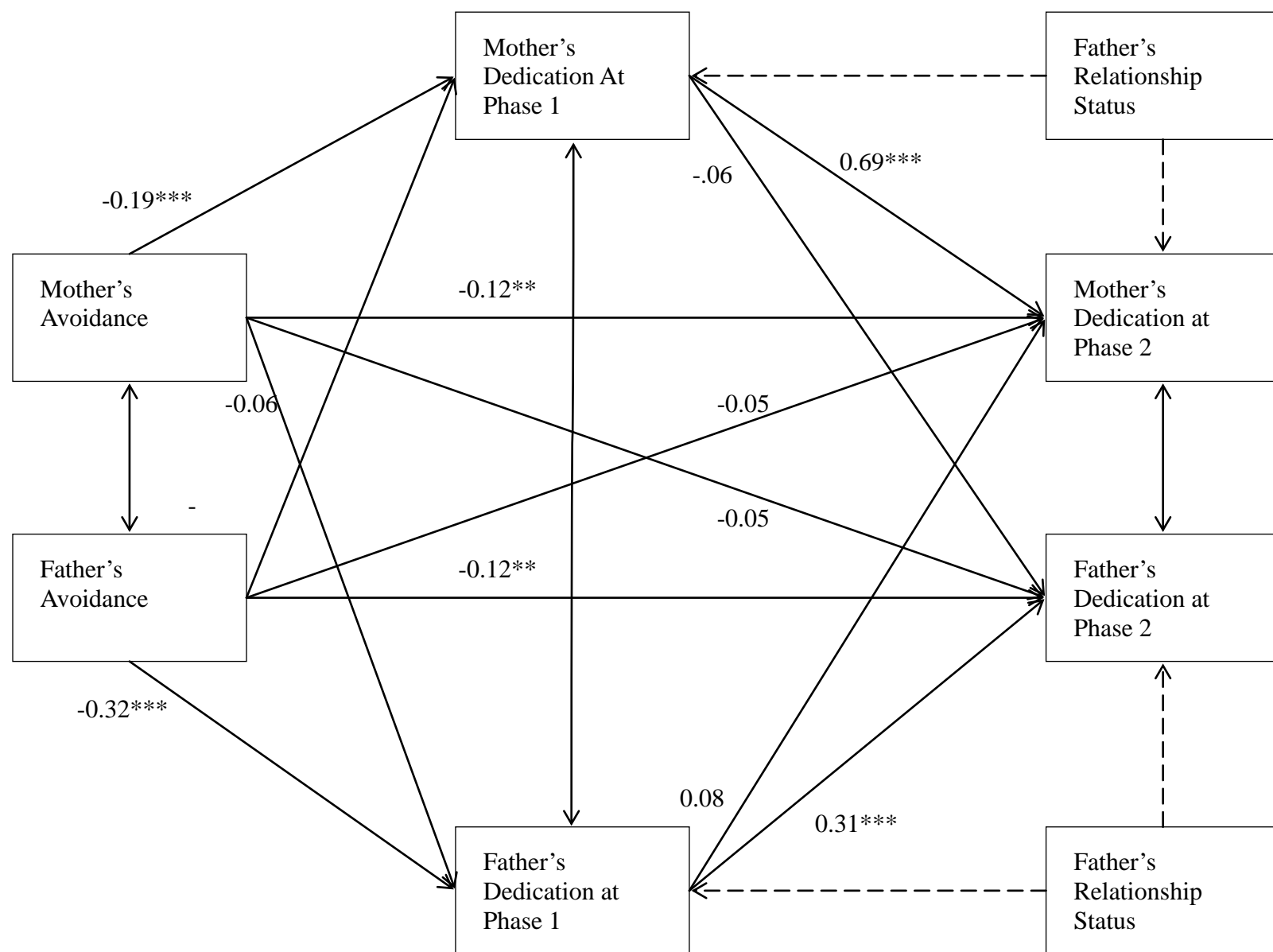


Figure 3.

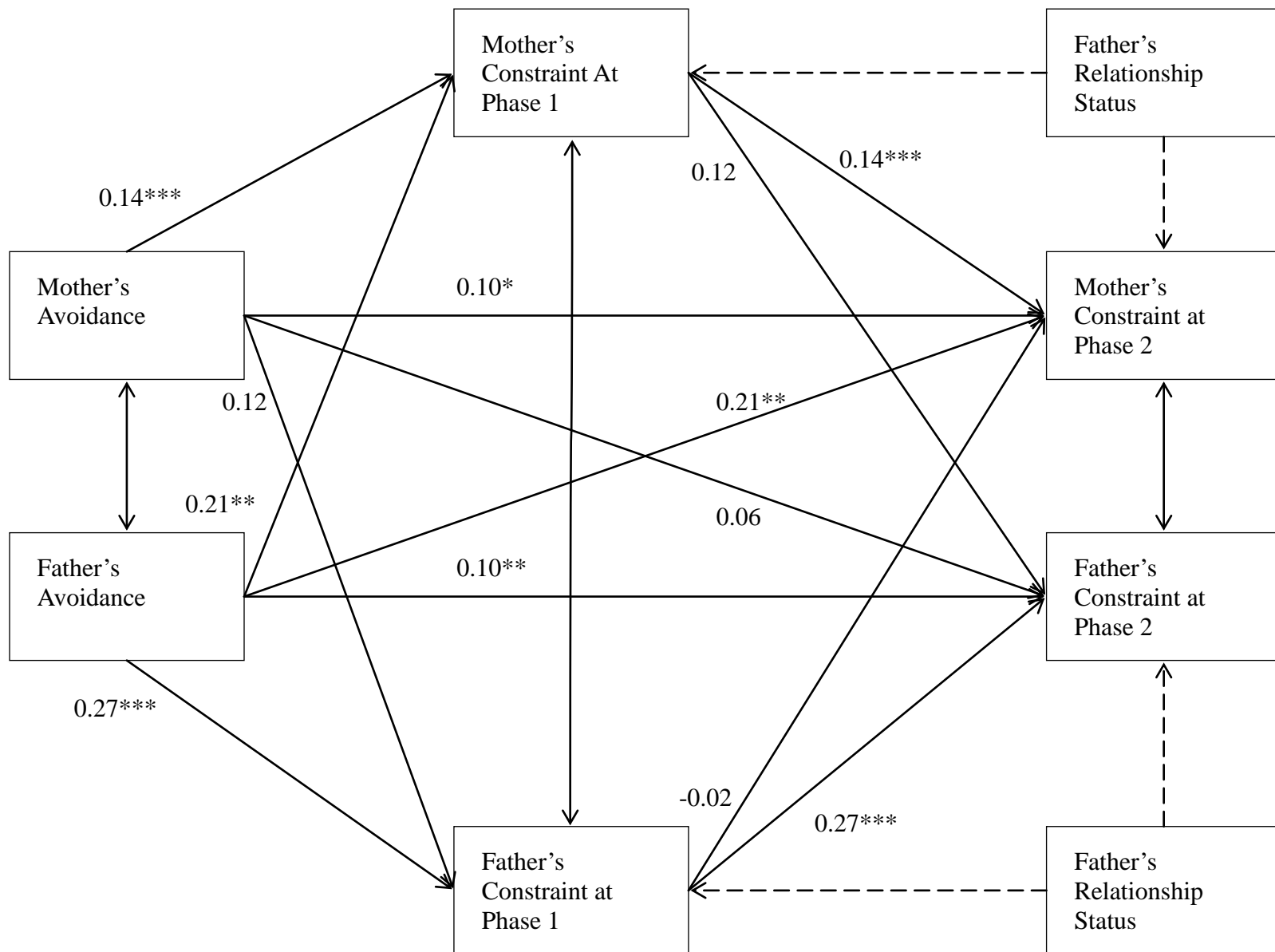
Avoidance and Dedication at Phase 1 and 2 APIM (N = 182)



Note. ⁺ $p < .10$, * $p < .05$, *** $p < .001$. Model Fit Statistics: $\chi^2(3) = 1.25$ ***; CFI = 1.00; RMSEA = .00. Dashes indicate controls.

Figure 4.

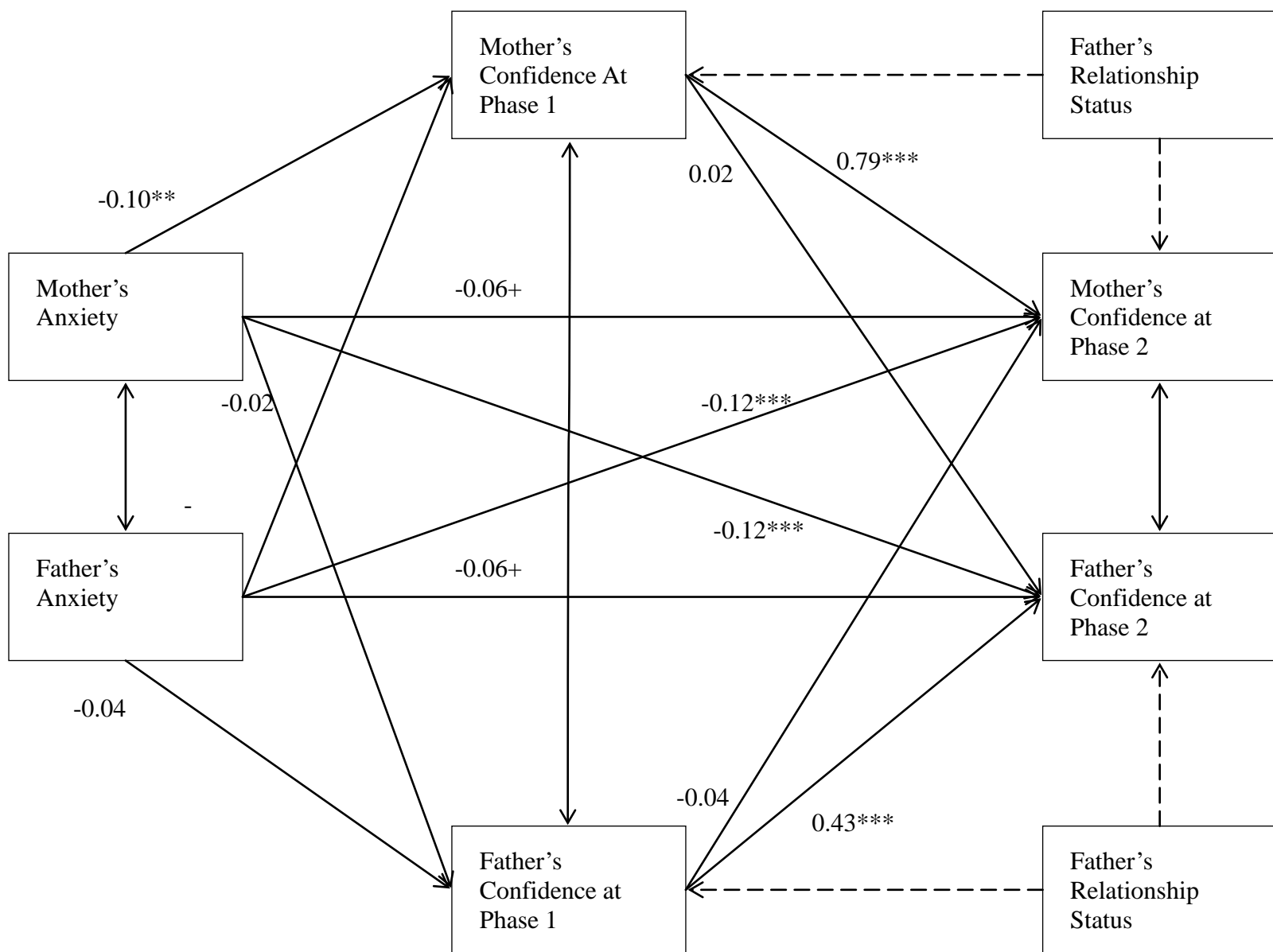
Avoidance and Constraint at Phase 1 and 2 APIM (N = 182)



Note. ⁺ $p < .10$, * $p < .05$, *** $p < .001$. Model Fit Statistics: $\chi^2(4) = 5.56$ ***; CFI = .99; RMSEA = .05. Dashes indicate controls.

Figure 5.

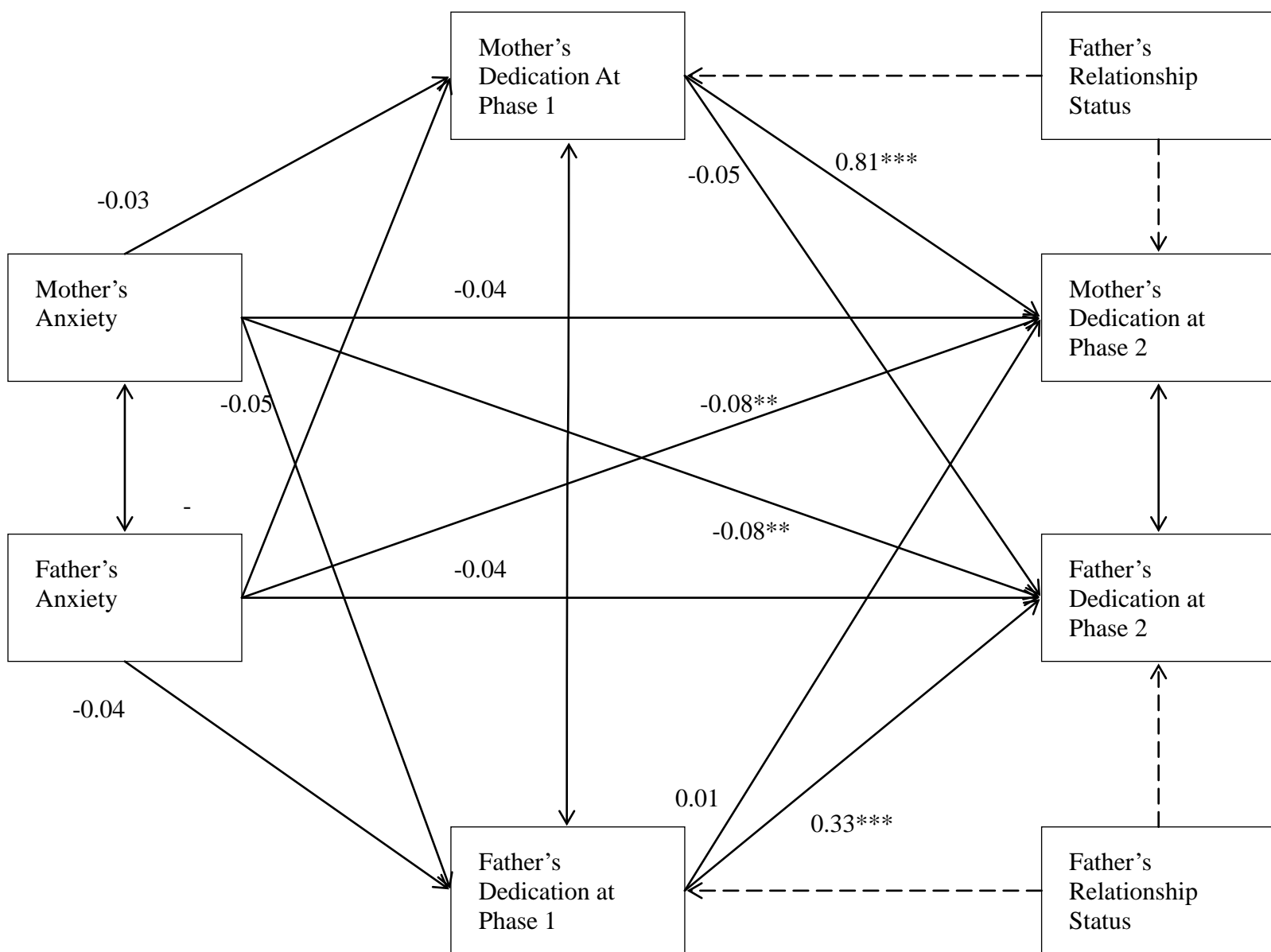
Anxiety and Confidence at Phase 1 and 2 APIM (N= 182)



Note. $^{+} p < .10$, $^{*} p < .05$, $^{***} p < .001$. Model Fit Statistics: $\chi^2 (4) = 4.89^{***}$; CFI = 1.00; RMSEA = .04. Dashes indicate controls.

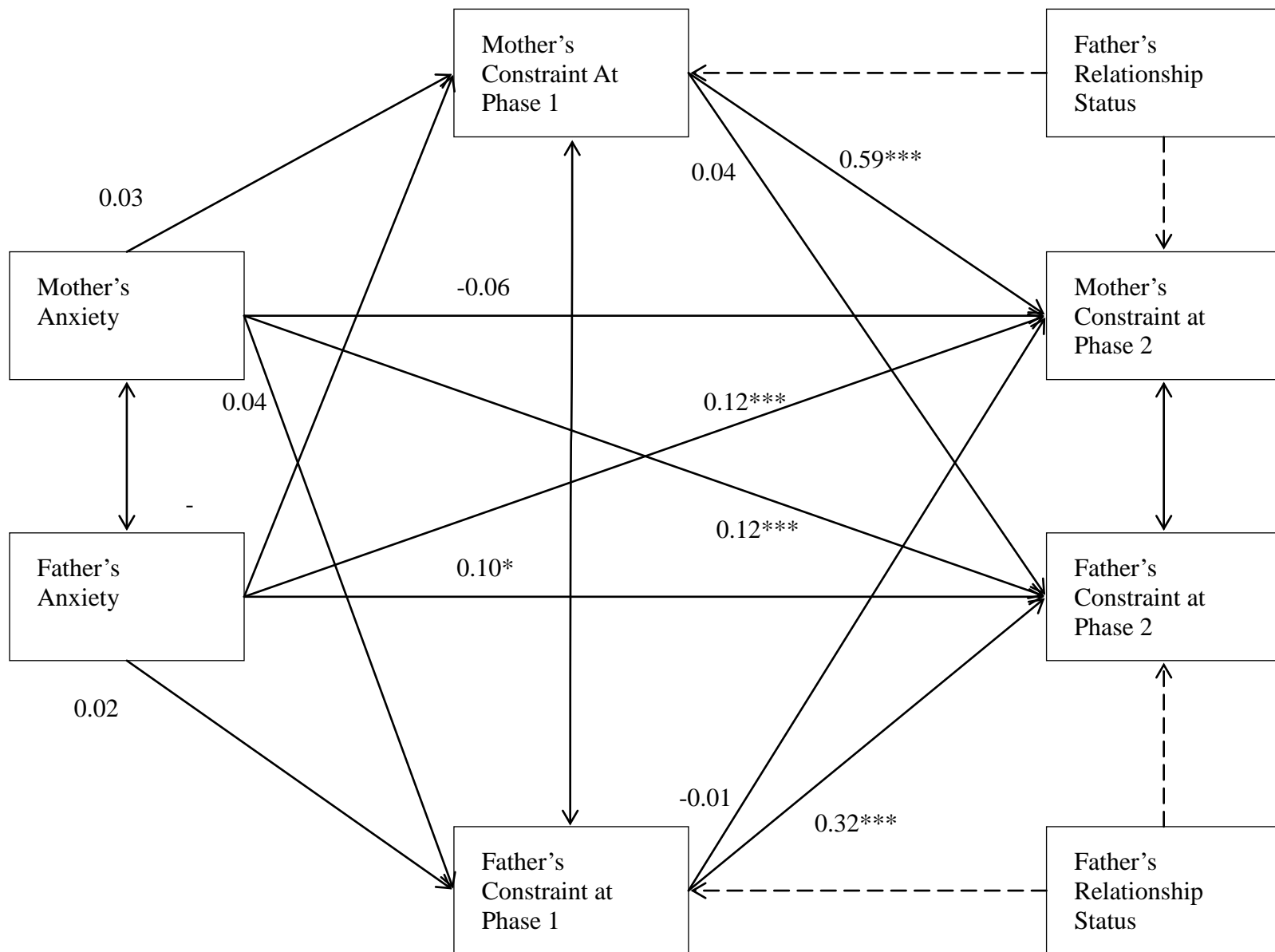
Figure 6.

Anxiety and Dedication at Phase 1 and 2 APIM (N = 182)



Note. ⁺ $p < .10$, * $p < .05$, *** $p < .001$. Model Fit Statistics: $\chi^2(4) = 4.71$ ***; CFI = 1.00; RMSEA = .03. Dashes indicate controls.

Figure 7.

Anxiety and Constraint at Phase 1 and 2 APIM (N = 182)

Note. ⁺ $p < .10$, * $p < .05$, *** $p < .001$. Model Fit Statistics: $\chi^2(4) = 4.71$ ***; CFI = 1.00; RMSEA = .03. Dashes indicate controls.